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## BLINDED SOLDIERS AS MASSEURS IN HOSPITALS AND SANATORIA FOR RECONSTRUCTION AND REHABILITATION OF DISABLED SOLDIERS

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From the addresses on the reconstruction and rehabilitation of disabled soldiers which were delivered at the annual session of the American Medical Association in Chicago<sup>1</sup> and from Lieut.-Col. E. H. Bruns' article on the tuberculous soldier (*The Journal*, Aug. 3, 1918, p. 373), one may obtain a good insight into the work which Surgeon General Gorgas, his staff, and the Division on Reconstruction and Rehabilitation are contemplating. In his address on "The Blind as Industrial Workers,"<sup>2</sup> Lieut.-Col. Bordley says: "After the blind will have received a practical training they will get training in professional work, the trades, or agriculture," but I do not know whether he had in mind also the training of some of the blinded soldiers in massage. As no mention of this subject was made, I may be permitted to call attention to the fact that many a blinded soldier might, with relatively little training, become a skilled professional masseur.

Brigadier General Alfred E. Bradley, Med. Corps, N. A., who recently returned from the front and with whom I communicated concerning the idea of employing blinded soldiers in this way, wrote me as follows:

In regard to the employment of the blind as masseurs, I think suitable men will find this occupation a very agreeable and remunerative one. Our people in America, however, do not utilize massage as freely, nor to such an extent, as we see it employed abroad. While in London I was very much interested to watch the work of the blinded men taking a course in massage instruction at St. Dunstan's.

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<sup>1</sup> *Journal of Am. Med. Ass'n*, June 22 and 29, 1918. All these addresses have now appeared in pamphlet form and can be obtained from the office of the Association.

<sup>2</sup> Delivered at the Conference of the American Academy of Political and Social Science, on "Rehabilitation of the Wounded," Philadelphia, September 20, 1918.

The Superintendent informed me that they had no trouble at all in placing all the men in lucrative positions, who qualified in the course as it was given there.

The experience of the French and English has been that for about every 1000 men wounded, there will be three men blinded; this fortunately is a rather small percentage, and of this number probably only a small portion would be suitable as masseurs; I should think, therefore, that it would be necessary not to depend entirely upon the blinded soldiers as a source of supply for massage pupils and operators.

Dr. John A. Wyeth, the well-known surgeon and the president of the New York Polyclinic, suggested to me that in a class of instruction in massage for blinded soldiers, there might well be included a number of soldiers who had received some injury to the lower extremities, and other types might be found if the need for the work increased. It is particularly the blind that I wish to consider here, however, as there are so few occupations open to them. It is well-known also that a blinded person develops a more delicate sense of touch than is usually possessed by the seeing, and this would certainly be an advantage in the work.

I have been informed by friends who have traveled extensively in Japan that there massage is exclusively a profession of the blind and that they develop a marvelous dexterity in manipulating muscles and joints for the cure or alleviation of many diseases.

As to the value of massage in certain nervous afflictions, in anemia, in orthopedic and some surgical affections, I need say nothing. The utility of masso-therapy in all these branches of medicine and surgery is well-known, but not so much so in tuberculosis. I have, however, found it to be of invaluable help at that period in the life of the tuberculous invalid when his disease has been arrested, but when, owing to the prolonged rest cure, his muscles have become flabby and his respiratory system indolent. Unfortunately, the expense of giving massage treatment in large hospitals for consumptives is prohibitive, but I have often used it with most satisfactory results in private practice after the return of the patient from the sanatorium as an arrested case. I have found massage to be of inestimable benefit at such times and an excellent preparation for active physical exercise and work.

In fact massage combined with carefully graded respiratory exercises and judicious hydrotherapy, skillfully and persistently applied for a period of from four to six weeks is the best and perhaps the only means to guard the tuberculous invalid against a relapse.

In many cases, because of economic necessity, the arrested case resumes his former occupation before his muscular, respiratory, and cutaneous systems have regained sufficient strength to resist the deleterious influences of over-fatigue, atmospheric changes, the invasion of the pneumococcus, and minor respiratory infections to which the well man is immune. The policy of the Surgeon General, not to discharge the tuberculous soldier when the disease is merely arrested, but to retain him until his physical vigor is restored, is a guarantee that we will not have nearly as many relapses in military as in civil tuberculosis practice.

To return to General Bradley's statement that the physicians in this country do not use massage as freely, nor to such an extent, as we see it employed abroad, this observation is absolutely correct and is applicable to all branches of medicine, including tuberculosis.

During my recent visit to the Adirondacks, I discussed the subject of massage with Dr. Edward R. Baldwin, the Dean of the Trudeau School, and Dr. Lawrason Brown, the well-known specialist and authority on tuberculosis. Both gentlemen were emphatic in their statements that massage is an important adjuvant in modern phthisiotherapy, but one much neglected in this country. Dr. Brown stated as his opinion that we do not use massage frequently enough in tuberculosis—first, because we are strangely indifferent and secondly, because it is too expensive. He also believes that it would offer a good means of livelihood to a certain number of blinded soldiers.

I submitted the draft of this manuscript to a number of other distinguished physicians, Prof. Hermann M. Biggs, State Commissioner of Health of New York, Dr. Thomas McCrae, Professor of Medicine of Jefferson Medical College of Philadelphia, Dr. Edward O. Otis, Professor of Tuberculous Diseases of Tufts Medical College of Boston, and Dr. David R. Lyman, of the Gaylord Farm Sanatorium, Wallingford, Conn., until recently Associate Director of the Rockefeller Tuberculosis Commission in France and the newly elected president of the American National Tuberculosis Association. Dr. Biggs writes: "I have read your article outlining a plan for the training of blinded soldiers as masseurs. It appeals to me strongly and I can see no reason why it should not be put into effect. I believe that massage is work which these men would be well qualified to take up." Dr. McCrae expresses himself similarly by saying that

the suggestion of employing the war blinded soldiers in that way was an excellent one and hoped that the Surgeon General's department would take it up. As to the value of massage in tuberculosis, he regretted to say that he had not had opportunity to find out its effect on that class of patients, but that it would seem to him altogether likely to be very useful.

Dr. Otis wrote me as follows:

I have read the paper with great interest and approval. That the blind will and do make skillful masseurs I am sure, for I have seen it. We have employed at the Boston Dispensary for some years a blind masseuse with great satisfaction as an example. Massage, I believe, is a valuable means in the post-sanatorium rehabilitation of the arrested tuberculous patient, and indeed, before that period in certain cases. I therefore heartily approve your plan of utilizing blinded soldiers. I believe massage could and ought to be employed in the treatment of tuberculosis much oftener than it is, but the reasons given in your paper are undoubtedly the causes why it is not. . . . I believe your paper is excellent in its suggestions as to the employment of blind soldiers, and very timely when the rehabilitation and reconstruction of maimed soldiers is now under consideration, and it has my hearty approval. The teaching of massage to blinded soldiers accomplishes two things—it helps the crippled soldier and renders possible the application of massage to the tuberculous more extensively than heretofore has been possible.

Dr. Lyman expresses himself as follows:

I think your suggestion as to the training of blinded soldiers as professional masseurs an excellent one. Beside the wide field open to them in general medicine there would be the splendid opportunity in our new government sanatoria to give them special training in the application of massage to properly selected cases of tuberculosis. There is no question but that we have neglected this important branch of therapy in our work in America.

To the opinion of these eminent physicians, let me now add that of Major Fred H. Albee, the Surgeon-in-Chief of U. S. General Hospital 3 for Reconstruction, Colonia, N. J., and Professor of Orthopedic Surgery at the New York Post-Graduate Medical School. He writes:

The training of our returning blinded soldiers in massage is most important work in the rehabilitation of the wounded soldier. I know of no task so valuable for the delicate touch of the blinded man and especially since individuals skilled in this work are so scarce and so many are needed as the rehabilitation of our disabled soldiers goes on.

My late friend, Dr. Herbert M. King, the regretted physician-in-chief of the Loomis Sanatorium, to whom I suggested the use of

massage in his institution, gave it a thorough trial and assured me later on that I had been right in the belief that it would prove a most excellent means to overcome the tendency of muscular flabbiness and degeneration. Yet he had to discontinue it. At times he had nearly 200 patients, and massage could be given to only a few. Jealousy and discontent among those who did not get it forced him to abandon it altogether. It was not always easy to get expert masseurs who were willing to go to a sanatorium. Phthisiophobia had doubtlessly something to do with it.

If, for the reason just given, masso-therapy cannot be carried out in an institution for the well-to-do, it is, of course, even more difficult to have it in hospitals or in sanatoria for the consumptive poor. None of the difficulties raised by Dr. Brown's statement nor those encountered in the experience of Dr. King concerning the application of massage to the tuberculous civilian, rich or poor, hold good when we are dealing with the soldier whose tuberculous lesion has been arrested or is quiescent so that massage will be truly helpful in preparing him for active exercise and work.

There will probably be a sufficient number of blinded or otherwise invalided soldiers who can take up massage as a profession. Phthisiophobia will not enter into consideration as a hindrance, for the soldier masseur will be instructed that no danger can come to him when dealing with the carefully trained invalid. The matter of expense to the government when there is a question of rehabilitating the tuberculous soldier and making him a breadwinner again and a useful citizen, is of course something which can only be considered as distinctly advantageous in the end.

Having had the opportunity to study massage and the Swedish movement cure in this country and abroad, I have taught these valuable therapeutic adjuvants to many of my pupils and nurses, and in cases where, for financial reasons, a professional masseur could not be employed, I have often succeeded in teaching a well member of the family how to apply the treatment to the tuberculous invalid. It was surprising to me to see how many men and women there are with a natural aptitude for this work. In some instances they developed into experts so that I could employ them in other families.

It is this experience which convinces me that many a blinded soldier might be advantageously taught the art of massage, not

only as a way of earning his livelihood, but also because he could do valuable work in our military hospitals for reconstruction and rehabilitation. Many masseurs will be needed in these hospitals and owing to the cessation of immigration from Scandinavian countries, there is already a dearth of experts. Later on, if there should be more masseurs than needed for military work, I am convinced that any well-to-do invalid in need of massage treatment would rather employ one of our blinded soldier heroes than an imported masseur.

Do I need to say that we physicians or surgeons, whether in military or civil practice, who have occasion to prescribe massage, would consider it a patriotic duty to help the blind soldier masseur to make an honest living by his newly acquired profession? He has given so much in comparison to the little we can give him in return.

Lieut.-Col. James Bordley has set forth (pages 104-110) the work which is being done under his direction in the United States Base Hospital No. 7, at Roland Park, Baltimore, Md. The institution seems to be exceptionally well placed and has already twenty inmates (soldiers and sailors) and the Colonel has given assurance that the morale of all the men is excellent, being doubtlessly greatly heightened by the generous provision of the government to have one relative of each patient live for some time on the hospital grounds to help and be present during the period of educational training. While all these blinded heroes regret that they had to leave the field of action "over there," they hope still to be of war service by aiding in the manufacture of ammunition. The plan in the hospital is to teach them to make small armatures, spark plugs and so forth, and to train them in other trades and professions in which the loss of eyesight is not a hindrance to attainment of the greatest efficiency. To my great satisfaction massage has been included among the professions to be taught to our blinded war heroes. This is but another evidence of the farsightedness of the Surgeon General and his staff and the thoroughness with which all work is done in that department.